

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7871**
Registrar's No. **1786**

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 6 yrs. 11 mos. & 25 days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital | | d. STREET ADDRESS (If rural, give location) 925 a Catalpa St. | |

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|-------------------------------------|----------------------------|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) MARGAPET | b. (Middle) | c. (Last) RAYMOND | 4. DATE OF DEATH (Month) (Day) (Year) 2 15 1953 |
|-------------------------------------|----------------------------|-------------|--------------------------|--|

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|----------------------|-------------------------------|--|------------------------------------|---|---------------------------------|------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH About 1876 | 9. AGE (in years last birthday) 76 | IF UNDER 1 YEAR Month Days | IF UNDER 1 MO. Hours Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | 10b. KIND OF BUSINESS OR INDUSTRY Homemaker | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME George Raymond | 13b. MOTHER'S MAIDEN NAME Mary Casey | 14. NAME OF HUSBAND OR WIFE Single |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None | 17. INFORMANT'S SIGNATURE OR NAME Raymond M. Dobson | ADDRESS 23 Bellerive Acres |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|--|--|---------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR 4200 |
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22. I hereby certify that I attended the deceased from **2/20**, 19**46**, to **2/15**, 19**53**, that I last saw the deceased alive on **2/15**, 19**53**, and that death occurred at **7:10 P. M.**, from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE George E. Baker M.D. (Degree or title) | 23b. ADDRESS 5600 Arsenal St. | 23c. DATE SIGNED 2/16/53 |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/17/53 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) (State) St. Louis |
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| DATE REC'D BY LOCAL REG. FEB 16 1953 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Cullen Kelly ADDRESS 7267 Natural Bridge |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.